

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

COMMONWEALTH CONSERVATIVE FUND

ADDRESS (number and street)

1602 BELLE VIEW BLVD

Check if different
than previously
reported. (ACC)

#3438

ALEXANDRIA

VA

22307

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00771881

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McIntyre, Dustin, , ,

Type or Print Name of Treasurer

Signature of Treasurer

McIntyre, Dustin, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

COMMONWEALTH CONSERVATIVE FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2021 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2021		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	220000.00	220000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	220000.00	220000.00
7. Total Disbursements (from Line 31)	218380.92	218380.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1619.08	1619.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	45339.20	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

COMMONWEALTH CONSERVATIVE FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	2	1

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	200000.00	200000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	200000.00	200000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	20000.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	220000.00	220000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	220000.00	220000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	220000.00	220000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	218380.92	218380.92
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	218380.92	218380.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	218380.92	218380.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	220000.00	220000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	220000.00	220000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. The Revitalization Project

Mailing Address PO Box 2801

City
Arlington

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 16 / 2021

Transaction ID : SA11AI.4099

Amount of Each Receipt this Period

75000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. The Revitalization Project

Mailing Address PO Box 2801

City
Arlington

State
VA

Zip Code
22202

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2021

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period

125000.00

☐ Memo Item
Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

200000.00

200000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 17

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HOMETOWN FREEDOM ACTION NETWORK

Mailing Address P.O. BOX 75727

City
WASHINGTONState
DCZip Code
20013FEC ID number of contributing
federal political committee.

C

C00528901

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y
0	5		0	7		2	0	2	1		

Transaction ID : SA11C.4102

Amount of Each Receipt this Period

20000.00

☐ Memo Item
 Political Contribution

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M	M	M	D	D	D	Y	Y	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

20000.00

TOTAL This Period (last page this line number only)..... ►

20000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

Full Name (Last, First, Middle Initial)

A. Nebo Media, Inc

Mailing Address PO Box 9825

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
State Expenditure - Television

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2021

FEC Identification Number

C**Transaction ID : SB29.4104**

Amount of Each Disbursement this Period

19871.58

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Nebo Media, Inc

Mailing Address PO Box 9825

City
ArlingtonState
VAZip Code
22219Purpose of Disbursement
State Expenditure - Radio

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2021

FEC Identification Number

C**Transaction ID : SB29.4106**

Amount of Each Disbursement this Period

17605.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2021

FEC Identification Number

C**Transaction ID : SB29.4125**

Amount of Each Disbursement this Period

27200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

64676.92

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

Full Name (Last, First, Middle Initial)

A. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	5			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4127**

Amount of Each Disbursement this Period

28710.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	3			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4128**

Amount of Each Disbursement this Period

24583.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
General Campaign Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	8			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4107**

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

63293.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

Full Name (Last, First, Middle Initial)

A. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	2			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4129**

Amount of Each Disbursement this Period

29358.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Mobile Text Message

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	4			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4118**

Amount of Each Disbursement this Period

904.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Mobile Text Message

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4119**

Amount of Each Disbursement this Period

904.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31166.36

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

Full Name (Last, First, Middle Initial)

A. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4130**

Amount of Each Disbursement this Period

17812.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Voice Call

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	9			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4133**

Amount of Each Disbursement this Period

1067.64

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	0			2	0	2	1		

FEC Identification Number

C**Transaction ID : SB29.4131**

Amount of Each Disbursement this Period

18606.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

37485.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

Full Name (Last, First, Middle Initial)

A. Strategic ImpactMailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507Purpose of Disbursement
State Expenditure - Direct Mail

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y
05		03		2021

FEC Identification Number

C**Transaction ID : SB29.4132**

Amount of Each Disbursement this Period

21709.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21709.00

218330.92

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4151

Amount Incurred This Period

5203.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

5203.28

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4153

Amount Incurred This Period

4869.36

Payment This Period

0.00

Outstanding Balance at Close of This Period

4869.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4155

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

10322.64

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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numbered line)

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FOR LINE NUMBER:
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4157

Amount Incurred This Period

4963.36

Payment This Period

0.00

Outstanding Balance at Close of This Period

4963.36

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4159

Amount Incurred This Period

4694.96

Payment This Period

0.00

Outstanding Balance at Close of This Period

4694.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4161

Amount Incurred This Period

4645.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

4645.44

1) **SUBTOTALS** This Period This Page (optional)..... ►

14303.76

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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☒ 10

NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4163

Amount Incurred This Period

4595.76

Payment This Period

0.00

Outstanding Balance at Close of This Period

4595.76

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4165

Amount Incurred This Period

250.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4167

Amount Incurred This Period

4605.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

4605.68

1) **SUBTOTALS** This Period This Page (optional)..... ►

9451.44

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4138

Amount Incurred This Period

1200.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1200.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4143

Amount Incurred This Period

2536.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

2536.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4145

Amount Incurred This Period

4179.44

Payment This Period

0.00

Outstanding Balance at Close of This Period

4179.44

1) **SUBTOTALS** This Period This Page (optional)..... ►

7915.84

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
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☒ 10

NAME OF COMMITTEE (In Full)

COMMONWEALTH CONSERVATIVE FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4147

Amount Incurred This Period

1417.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

1417.92

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Strategic Impact

Nature of Debt (Purpose):

State Expenditure - Mobile Text Message

Mailing Address 333 West Vine Street
Suite 300City
LexingtonState
KYZip Code
40507

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4149

Amount Incurred This Period

1927.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

1927.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

3345.52

2) **TOTALS** This Period (last page this line number only)..... ►

45339.20

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

45339.20